

**WAIVER OF COVERAGE FORM**

**ANTHEM LIFE**

**GROUP VOLUNTARY SHORT-TERM DISABILITY (VSTD) INSURANCE**

RAIL MEMBERS ONLY

DO NOT COMPLETE THIS FORM IF **YOU WANT** THE ANTHEM GROUP VSTD INSURANCE. YOU WILL BE AUTOMATICALLY ENROLLED.

COMPLETE THIS FORM ONLY IF **YOU DO NOT WANT** THE ANTHEM GROUP VSTD INSURANCE.

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**I DECLINE GROUP VSTD INSURANCE THAT WAS OFFERED TO ME**

By signing below, I am waiving the disability coverage that has been offered to me by the UTU and decline to be automatically enrolled. Should I apply for waived coverage in the future, I understand that evidence of insurability, acceptable to Anthem Life, may be required at my own expense. I further understand that should I apply for disability benefits in the future, I may be declined coverage by the Underwriting Department at Anthem Life.

UTU Local # \_\_\_\_\_ Member Name (Printed): \_\_\_\_\_

Member Address: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***THIS FORM MUST BE COMPLETED FULLY AND SIGNED TO BE VALID!***

Mail this completed Waiver of Coverage form to:

Attn: Updating Department  
United Transportation Union  
14600 Detroit Avenue, Suite 200  
Cleveland, OH 44107-9923